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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<i>Attorney Docket No.</i> 1030.41309X00																					
		<i>First Inventor</i> MCCARTHY, KEVIN																					
		<i>Title</i> METHOD AND COMMUNICATION TERMINAL FOR HANDLING PAYMENT OF DOWN-LOADABLE CONTENT																					
		<i>Express Mail Label No</i> JC979 U.S. PTO 10/08/02																					
APPLICATION ELEMENTS <i>SEE MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231																					
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification (Preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages 6]</p> <p>5. Oath or Declaration [Total Pages 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) </p> <p><u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input type="checkbox"/> Application Data Sheet See 37 CFR 1.76</p> <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No _____</p> <p>Prior application information Examiner: _____ Group Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> <p>19. CORRESPONDENCE ADDRESS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td> <td style="width: 40%; padding: 5px;">020457</td> <td style="width: 30%; padding: 5px;">or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Name</td> <td style="padding: 5px;">ANTONELLI, TERRY, STOUT & KRAUS, LLP</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Address</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="width: 30%; padding: 5px;">City</td> <td style="width: 20%; padding: 5px;">State</td> <td style="width: 50%; padding: 5px;">Zip Code</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Country</td> <td style="padding: 5px;">Telephone (703) 312-6600</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Name</td> <td style="padding: 5px;">Registration No. (Attorney/Agent) 29,621</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Signature</td> <td style="padding: 5px;">Date March 1, 2002</td> </tr> </table>			<input checked="" type="checkbox"/> Customer Number or Bar Code Label	020457	or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)	Name		ANTONELLI, TERRY, STOUT & KRAUS, LLP	Address			City	State	Zip Code	Country		Telephone (703) 312-6600	Name		Registration No. (Attorney/Agent) 29,621	Signature		Date March 1, 2002
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Burden Hour Statement This form is estimated to take 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2002

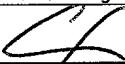
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 780.00)

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1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to: Deposit Account Number 01-2135 Deposit Account Name Antonelli, Terry, Stout & Kraus, LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant Claims small entity status See 37 CFR 1.27			3. 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**or number previously paid, if greater, For Reissues, see above.

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